# *Back to Dialysis after Third Kidney Transplant Failure with severe Calcific uremic arteriolopathy*

## Introduction:

Calcific uremic arteriolopathy (CUA), also known as calciphylaxis, is a serious condition with high mortality rate, characterized by skin ischemia, necrosis, and thrombosis due to calcium deposition. Frequent dialysis, sodium-thiosulphate (STH), vitamin K, and hyperbaric oxygen are trials with variable results. Steroid & warfarin are the most risk factors contributing for development of CUA.

**Case record :** A 39 years old female, CKD secondary to reflux nephropathy, failed third kidney transplant. She developed central venous obstruction, multiple vascular access failure, leading to inadequate dialysis, and the need to start warfarin. Developed severe calciflaxis affecting her upper and lower limbs, cardiovascular system with mitral annulus calcifications (MAC) and complete hear block.

**Results:** Investigations showed high parathyroid hormone, normal serum phosphate and calcium, anemia, hypoalbuminemia, CT aniogram showed severe stenosis of left brachiocephalic and superior vena cava, echo revealed severe mitral annular calcification .



**Calciphylaxis**



**Graft calcification**

**Discussion:** Permanent vascular access is important for dialysis adequacy. Calcific uremic arteriolopathy (CUA) is a life threatening condition. That following graft failure, and associated with inadequate dialysis, has poor response to current therapy polices and poor outcome, with cardiac involvement, including valve calcifications ,specially mitral annulus calcifications (MAC) that in this case inamenable to treatment or prevention due to vascular access failure and inability to implant device or pacemaker

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